



# application for membership

MEMBERSHIP WITH HOLSTEIN CANADA, AND ITS RESPECTIVE BRANCH, EXTENDS FOR 12 MONTHS FROM THE DATE OF RECEIPT BY HOLSTEIN CANADA. (AUTOMATICALLY RENEWED ANNUALLY)

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## membership name

Your membership name cannot exceed 40 characters in length, including spaces, hyphens, and apostrophes. It is recommended you use a farm name (i.e. ABC Holsteins, rather than John and Jane Smith), to avoid the necessity of a herd transfer, should a change in partnership occur.

Print the ownership name as you wish it to appear on Certificates of Registration:

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## MAILING ADDRESS

c/o Name:

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Address:

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Town:

Prov.

Postal Code:

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Country:

Township:

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Lot:

Conc.

Premises ID: (eg. ON1234567)

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Local Holstein Club:

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Phone (Home):

Farm:

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Alternate Phone:

Fax:

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Email:

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Directions to Farm:

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## PREFIX

Your prefix will be used as the first name of all calves registered by you as the breeder. A prefix (one word preferred) must not exceed 15 characters in length, including spaces, hyphens, and apostrophes.

1.

2.

3.

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## JUNIOR MEMBERSHIP (12 TO 21 YEARS OF AGE)

Complete the following declaration and **attach a copy of your birth certificate.**

I declare I am 12 to 21 years of age and acknowledge that Junior Membership becomes void following the membership anniversary date following my 21st birthday.

Date of birth:

Signature:

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HOLSTEIN CANADA, BOX 610, BRANTFORD, ONTARIO N3T 5R4

PHONE | 855-756-8300 FAX | 519-756-9982 WWW.HOLSTEIN.CA

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## PARTNER (ownership rights)

As a partner, the following individual(s) is acknowledged to be a part owner of Holstein animals registered in said membership name and may sign all applications for registry and transfer, or any papers pertaining to Holstein animals appearing in this name.

## SIGNING AUTHORITY

As signing authority only, the individual(s) listed below may sign all applications for registry and transfer, or any papers pertaining to Holstein animals appearing in said membership name. (signing authority does not imply partnership/ownership rights)

Name (please print)	Signature	Partner	Signing Authority Only
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**I agree** to abide by the By-laws of the Association and any amendments thereto. **I agree** to keep complete, accurate, and consecutive records of all dates of service with positive identification of females bred and the sire used, and of all dates of calving with the tag number and sex of calf.

**I acknowledge** the Association has the right to inspect such herd records at any time.

**I agree** to notify the Association within 30 days of any changes in the above information.

Did a field representative visit you?                      yes                       no

Was a new member kit left at your farm?                      yes                       no

## ON-FARM ACCREDITATION

If storing semen/embryos on your premises, please complete this section.

On-farm storage and insemination with semen                      yes                       no

On-farm storage and transplanting of embryos                      yes                       no

Breeds housed on premise(s) for which accreditation applies:

Ayrshire    Brown Swiss    Canadienne    Guernsey    Holstein    Jersey    Milking shorthorn

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in order to become a new member of Holstein canada, *payment is required with this application*. A cheque or money order is enclosed in the full amount of \$\_\_\_\_\_. in future, you may submit work and pay by invoice or monthly statement if you open an account with Holstein canada by signing the application for credit below.

**Paying with credit card** (you will be contacted for credit card information)

## APPLICATION FOR CREDIT

I understand and hereby certify the information on this form to be true. i authorize Holstein canada or its agent to make the necessary inquiries from any source to verify my credit history.

Signature \_\_\_\_\_

Date \_\_\_\_\_